10/22/04 ACCESS 1997

## MEDICARE CURRENT BENEFICIARY SURVEY

Administrative Identification

RIC: A
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Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

RIC	1	2			С	Record Identification Code
VERSION	3	1			C	Version Number
BASEID	4	8	\$BSIDFMT		C	Unique SP Identification Number
				18,330	LOW-HIGH	BASEID Count
H_DOB	12	8	\$DTE8FMT		C	Date of birth
				18,330		Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT		C	Date of death
				18,153		Missing
				177		Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT		C	Source of date of death
				18,153		No date of death
				0	01	From Medicare bill
				0	03	Clerical entry
				0	05	Bill and clerical entry
				96	10	Proven Medicare Benefits record
				12	11	Proven Medicare Benefits record & bills
				54	20	Unproven Medicare Benefits record
				15	21	Unproven Mcare Benefits record & bills
				0	23	Unproven Mcare Benefits rec & clerical
				0	25	Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT		C	Sex code
				7,911	1	Male
				10,419		Female
H_RACE	31	1	\$RACEFMT		C	Race code
				73	0	Unknown
				15,531	1	White
				1,903	2	Black
				185	3	Other
				151	4	Asian
				464	5	Hispanic
				23		North American Native
H_AGE	32	3	AGEFMT		N	SP age based on CMS date of birth
				18,330		Age in years

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D_STRAT						C MCBS Sample age stratum			
D_BIRAI	33	_	үлоштит			e Medb bample age belacam			
				1,349		1 0-44			
				1,457		2 45-64			
				3,130 3,427		3 65-69 4 70-74			
				3,150		5 75-79			
				3,039		6 80-84			
				2,778		7 85 +			
H_ENT01	36	1	\$ENTFMT			C Medicare entitlement code for	Jan		
				561		A Part A Medicare only			
				147		B Part B Medicare only			
				17,619		C Parts A and B Medicare			
				3		N No Medicare entitlement			
H_ENT02	37	1	\$ENTFMT			C Medicare entitlement code for	Feb		
				559		A Part A Medicare only			
				147		B Part B Medicare only			
				17,621		C Parts A and B Medicare			
				3		N No Medicare entitlement			
H_ENT03	38	1	\$ENTFMT			C Medicare entitlement code for	Mar		
				562		A Part A Medicare only			
				147		B Part B Medicare only			
				17,618 3		C Parts A and B Medicare N No Medicare entitlement			
H_ENT04	39	1	\$ENTFMT			C Medicare entitlement code for	Apr		
				560		A Part A Medicare only			
				146		B Part B Medicare only			
				17,621 3		C Parts A and B Medicare N No Medicare entitlement			
H_ENT05	40	1	\$ENTFMT			C Medicare entitlement code for	May		
				553		A Part A Medicare only			
				145		B Part B Medicare only			
				17,629		C Parts A and B Medicare			
				3		N No Medicare entitlement			
H_ENT06	41	1	\$ENTFMT			C Medicare entitlement code for	Jun		
				553		A Part A Medicare only			
				145		B Part B Medicare only			
				17,629		C Parts A and B Medicare			
				3		N No Medicare entitlement			
H_ENT07	42	1	\$ENTFMT			C Medicare entitlement code for	Jul		
				526		A Part A Medicare only			
				144		B Part B Medicare only			
				17,657		C Parts A and B Medicare			
				3		N No Medicare entitlement			

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H_ENT08	43	1	\$ENTFMT		C Medicare entitlement code for	Aug
				522 143 17,662 3	A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement	
H_ENT09	44	1	\$ENTFMT		C Medicare entitlement code for	Sep
				520 143 17,664 3	A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement	
H_ENT10	45	1	\$ENTFMT		C Medicare entitlement code for	Oct
				517 143 17,661 9	A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement	
H_ENT11	46	1	\$ENTFMT		C Medicare entitlement code for	Nov
				518 143 17,624 45	A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement	
H_ENT12	47	1	\$ENTFMT		C Medicare entitlement code for	Dec
				516 142 17,573 99	A Part A Medicare only B Part B Medicare only C Parts A and B Medicare N No Medicare entitlement	
H_DOE	48	8	\$DTE8FMT		C Medicare entitlement start da	te
				3 18,327	Missing Date as YYYYMMDD	
H_DOT	56	8	\$DTE8FMT		C Medicare entitlement end date	
				18,321 9	Missing Date as YYYYMMDD	
H_MEDSTA	64	2	\$MSCFMT		C Medicare status code as of 12	/31
				15,481 33 2,718 51 47	10 Aged, no ESRD 11 Aged, ESRD 20 Disabled, no ESRD 21 Disabled, ESRD 31 ESRD only	

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					ComQues# FacQues#		ariable Type & Label		
H_LAF	66	2	\$LAFFMT			С	Status of SSA check (LAF) as	of 12/31	
				3 0 0 0 17,612 0 29 3 6 2 1 0 0 0		AF A9 C DW D2 D3 D6 D9 J L2 L3 N PB	Unknown Cur pay-adj for dual entitler Transfer to another PC or dic Cur pay-miscellaneous adjustr Current payment status Deferred-Workers' Compensation DEF-retirement test DEF-D2 for primary DEF-recover overpayment DEF-miscellaneous reason Advanced filing-current pay Advanced filing-insured worked Not in pay status Delayed-benefit due but not pay Cur pay-Part B reinstated	e U S	
				0 0 3 0 41 3 0 2 39 2 2 6 42 3		S SD SF SH SP SW S0 S2 S3 S6 S7	Cur pay-Part B reinstated SUSP-deferred retirement SUSP-other SUSP-fails to meet residence SUSP-government pension SUSP-public assistance SUSP-Workers' Compensation SUSP-continuing disability in SUSP-fails retirement test SUSP-primary account S2 SUSP-check returned for addressusP-vocational rehab refusal SUSP-payee not determined	nvestig	t
				4 0 0 0 0 141 0 1 0 0 0		TA TJ TR T0 T1 T2 T3 T4 T5	SUSP-miscellaneous reason TERM-prior to entitlement TERM-prior to entlmt, not sto TERM-claim withdrawn TERM-benefits paid by another TERM-death of beneficiary TERM-death of primary TERM-divorce, marriage, reman TERM-dependent child attained TERM-entitled on another accor TERM-child no longer student, TERM-recovery from disability	agency rriage lage 18 bunt disabled	
				380 0 0 0 1 0 3 0		T9 XF XR X1 X5 X7 X9 ZZ	TERM-miscellaneous Active uninsured status (no 8 Transfer to another PC or DIO Terminated - TERM-death of insured TERM-entitled to another bene TERM of uninsured TERM miscellaneous Erroneous entitlement	SSA check)	
H_METRO	68	1	\$METFMT	4,610 0 13,720		N U	Metro status  Non-metro area Unknown Metro area		

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Variable					ComQues# FacQues#		ariable Type & Label		
H_GHPSW	69	1	\$GHPSW			С	Some group health participat	tion in yea	r
				14,459		0	No enrollment		
				3,871		1	Some enrollment		
H_PLTP01	70	2	\$PLNFMT			С	GHP plan type for Jan		
				14,958			No enrollment		
				195			Health care prepayment plan		
				27 3,150			Cost HMO Risk HMO		
H_PLPY01	72	4				N	Medicare capitation payment	for Jan	
H_PLTP02	76	2	\$PLNFMT			С	GHP plan type for Feb		
				14,927			No enrollment		
				195		01	Health care prepayment plan		
				27			Cost HMO Risk HMO		
				3,181					
H_PLPY02	78	4				N	Medicare capitation payment	for Feb	
H_PLTP03	82	2	\$PLNFMT			С	GHP plan type for Mar		
				14,889			No enrollment		
				195 27			Health care prepayment plan Cost HMO		
				3,219			Risk HMO		
H_PLPY03	84	4				N	Medicare capitation payment	for Mar	
H_PLTP04	88	2	\$PLNFMT			С	GHP plan type for Apr		
				14,864			No enrollment		
				195			Health care prepayment plan		
				27 3,244			Cost HMO Risk HMO		
H_PLPY04	90	4				N	Medicare capitation payment	for Apr	
H_PLTP05	94	2	\$PLNFMT			C	GHP plan type for May		
				14,813			No enrollment		
				194			Health care prepayment plan		
				27			Cost HMO Risk HMO		
				3,296					
H_PLPY05	96	4				N	Medicare capitation payment	for May	
H_PLTP06	100	2	\$PLNFMT			C	GHP plan type for Jun		
				14,765			No enrollment		
				194 27			Health care prepayment plan Cost HMO		
				3,344			Risk HMO		
H_PLPY06	102	4				N	Medicare capitation payment	for Jun	

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Variable					ComQues# FacQues#		ariable Type & Label		
H_PLTP07	106	2	\$PLNFMT			С	GHP plan type for Jul		
				14,722 194 28 3,386		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY07	108	4				N	Medicare capitation payment	for Jul	
H_PLTP08	112	2	\$PLNFMT			С	GHP plan type for Aug		
				14,679 195 28 3,428		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY08	114	4				N	Medicare capitation payment	for Aug	
H_PLTP09	118	2	\$PLNFMT			С	GHP plan type for Sep		
				14,645 195 29 3,461		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY09	120	4				N	Medicare capitation payment	for Sep	
H_PLTP10	124	2	\$PLNFMT			С	GHP plan type for Oct		
				14,616 194 29 3,491		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY10	126	4				N	Medicare capitation payment	for Oct	
H_PLTP11	130	2	\$PLNFMT			С	GHP plan type for Nov		
				14,593 193 30 3,514		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY11	132	4				N	Medicare capitation payment	for Nov	
H_PLTP12	136	2	\$PLNFMT			С	GHP plan type for Dec		
				14,571 192 29 3,538		02	No enrollment Health care prepayment plan Cost HMO Risk HMO		
H_PLPY12	138	4				N	Medicare capitation payment	for Dec	
H_MCSW	142	1	\$SWFMT			С	Some Medicaid eligibility for	r the year	
				15,305 3,025			No participation Some participation		

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						s# Variable Type & Label 		
H_MCDE01	143	1	\$MCDCFMT			C Medicaid eligibility for Jan		
				0 1,159 51 75 0 15,505 1,391		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in	1	
H_MCDE02	144	1	\$MCDCFMT			C Medicaid eligibility for Feb		
				0 1,171 51 75 0 15,486 1,394 153		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in	ı	
H_MCDE03	145	1	\$MCDCFMT			C Medicaid eligibility for Mar		
				0 1,180 51 75 0 15,469 1,395		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in	ı	
H_MCDE04	146	1	\$MCDCFMT			C Medicaid eligibility for Apr		
				0 1,182 51 75 0 15,458 1,400		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in	1	
H_MCDE05	147	1	\$MCDCFMT			C Medicaid eligibility for May		
				0 1,186 52 75 0 15,449 1,400		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in	1	

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Variable					ComQues# FacQues#	Variable Type & Label		
H_MCDE06	148	1	\$MCDCFMT			C Medicaid eligibility for Jun		
				0 1,187 52 75 0 15,447 1,403		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in		
H_MCDE07	149	1	\$MCDCFMT			C Medicaid eligibility for Jul		
				0 1,190 52 76 0 15,443 1,404		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in		
H_MCDE08	150	1	\$MCDCFMT			C Medicaid eligibility for Aug		
				0 1,195 52 77 0 15,440 1,401		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in		
H_MCDE09	151	1	\$MCDCFMT			C Medicaid eligibility for Sep		
				0 1,201 52 77 0 15,435 1,400		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-in N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in		
H_MCDE10	152	1	\$MCDCFMT			C Medicaid eligibility for Oct		
				0 1,212 52 76 0 15,422 1,403		A State Part A buy-in B State Part B buy-in C State Part A and B buy-in D State Part A and B QMB buy-in E State Part A and B SLMB buy-i N No buy-in this month Q State Part B QMB buy-in S State Part B SLMB buy-in		

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H_MCDE11	153	1	\$MCDCFMT			C Medicaid eligibility for Nov	
				0		A State Part A buy-in	
				1,214		B State Part B buy-in	
				53		C State Part A and B buy-in	
				76		D State Part A and B QMB buy-in	
				0		E State Part A and B SLMB buy-in	
				15,428		N No buy-in this month	
				1,397		Q State Part B QMB buy-in	
				162		S State Part B SLMB buy-in	
H_MCDE12	154	1	\$MCDCFMT			C Medicaid eligibility for Dec	
				1		A State Part A buy-in	
				1,188		B State Part B buy-in	
				53		C State Part A and B buy-in	
				73		D State Part A and B QMB buy-in	
				0		E State Part A and B SLMB buy-in	n
				15,479		N No buy-in this month	
				1,377		Q State Part B QMB buy-in	
				159		S State Part B SLMB buy-in	
H_HOSSW	155	1	\$UTLFMT			C One or more hospice bills in (	CY
				18,256		0 No utilization this type	
u modu	156	1	ATTENT DATE	74		1 Some utilization this type	
H_INPSW	150	1	ŞUILFMI			C One or more inpatient discharg	ges in Ci
				15,152		0 No utilization this type	
				3,178		1 Some utilization this type	
H_SNFSW	157	1	\$UTLFMT			C One or more SNF admissions in	CY
				17,734		0 No utilization this type	
				596		1 Some utilization this type	
H_HHASW	158	1	\$UTLFMT			C 1 = one or more HHA visits in	CY
				16,726		0 No utilization this type	
				1,604		1 Some utilization this type	
H_OUTSW	159	1	\$UTLFMT			C One or more outpatient visits	in CY
				8,691		0 No utilization this type	
				9,639		1 Some utilization this type	
H_PBSW	160	1	\$UTLFMT			C One or more Part B claims in (	CY
				4,383		0 No utilization this type	
				13,947		1 Some utilization this type	
H_PTARMB	161	6				N Total Part A reimbursement in	CY (\$)
H_PTBRMB	167	6				N Total Part B reimbursement in	CY (\$)
H_LATDCH	173	8	\$DTE8FMT			C Discharge date of latest inpat	tient sta
				15,269		Missing	
				3,061		Date as YYYYMMDD	

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H_LATDRG					 	C DRG code for latest inp	
				15,269 3,061		Unknown, or no discharg	re
H_DISDES	184	2	\$STATUS			C Discharge dest for late	st inpatient stay
				15,269 1,994 29 497 75 141 258 10 0 566 1 0 0 0		Missing Ol Discharged to home/self Olischarged to other sho Discharged to skilled m Discharged to intermedi Discharged to intermedi Discharged to home care Left against medical ad Disch home under care of Expired (did not recove Still patient Expired at home (hospic Expired in hospital, SN Expired in unknown plac Hospice - home (eff. 10 Hospice - medical facil Disch w/i facility to s Disch to other facility	rt-term hospital ursing facility ate care facility f institution of organized HMO vice/stopped care f IV therapy prover Christian Sci)  e claims only)  F, ICF or hospice (hospice only)  (96)  ity (eff. 10/96)  wing-bed SNF (99)  for O/P svcs(99)
H_INPSTY	186	2				N No. of inpatient stays	for CY
H_INPDAY	188	3				N No. of inpatient covere	d days for CY
H_INPCHG	191	6				N Inpatient charges for C	Y (\$)
H_INPCCH	197	6				N Inpatient covered charg	es for CY (\$)
H_INPRMB	203	6				N Inpatient reimbursement	for CY (\$)
H_INPCDY	209	2				N Inpatient coinsurance d	ays used in CY
H_INPCAM	211	5				N Total inpatient coinsur	ance amt CY (\$)
H_SNFSTY	216	2				N Total SNF stays in CY	
H_SNFDAY	218	3				N Total SNF covered days	in CY
H_SNFCHG	221	6				N Total SNF charges in CY	(\$)
H_SNFCCH	227	6				N Total SNF covered charg	es in CY (\$)
H_SNFRMB	233	6				N Total SNF reimbursement	in CY (\$)
H_SNFCDY	239	3				N Total SNF coinsurance d	ays in CY
H_SNFCAM	242	6				N Total SNF coinsurance a	mount in CY (\$)
H_HHAVST	248	4				N Total HHA visits in CY	
н_ннассн						N Total HHA covered charg	es in CY (\$)
н_ннасно						N Total HHA other covered	
H_HHARMB						N Total HHA reimbursement	-

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H_HSDAYS 270 3		N Total covered hospice days i	n CY	
H_HSTCHG 273 6		N Total hospice charges CY (\$)		
H_HSREIM 279 6		N Total hospice reimbursement	in CY (\$)	
H_OUTBIL 285 3		N Total outpatient bills in CY		
H_OUTCHG 288 6		N Total outpatient covered cha	rges CY (\$	)
H_OUTRMB 294 6		N Total outpatient reimburseme	nt CY (\$)	
H_PMTCLM 300 4		N Total physician/supplier cla	ims in CY	
H_PMTLIN 304 4		N Total phys./supplier line it	ems in CY	
H_PMTSCH 308 6		N Total submitted phys/supplie	r charge (	\$)
н_РМТАСН 314 6		N Total allowed phys/supplier	charges (\$	)
H_PMTRMB 320 6		N Total phys/supplier reimburs	ement (\$)	
H_PMTVST 326 3		N Total office visits in CY		
н_РМТСНО 329 6		N Total office visit charges i	n CY (\$)	